

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMichael Outerbridge,
PLAINTIFF - PRO-se

(In the space above enter the full name(s) of the plaintiff(s).)

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC#
DATE FILED: 3/7/2014AMENDED
COMPLAINTunder the Civil Rights Act,
42 U.S.C. § 1983

-against-

The City of New York, et al.;
AND OFFICERS OF THE M.T.A.
POLICE DEPARTMENT, AND ONE UNKNOWN
OFFICER OF THE M.T.A. POLICE
DEPT. THE UNIDENTIFIED OFFICER
THAT MADE PLAINTIFF ON DATE
OF ARREST BY M.T.A. POLICE AND
Sgt. SEAN AMEN, #937975, OF THE 28th PCT.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

Jury Trial: ☒ Yes ☐ No
(check one)13 Civ. 6473 KBF.

MAR - 7 2014

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name

ID#

Current Institution

Address

Michael Outerbridge
349-13-19383
EMTC
10-10 HAZEN ST.
EAST ELMHURST, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Where Currently Employed

Address

BRAD BONASIA, P.O. Shield # 2596
M.T.A. POLICE DEPT.
#5 PENN PLAZA, PENN STATION
NEW YORK, N.Y. 10035

Defendant No. 2

Name P.O. VALERIY PROPSNOV Shield # 2323
 Where Currently Employed MTA. Police Dept.
 Address # 5 PENN STATION
NEW YORK, N.Y. 10035.

Defendant No. 3

Name MTA. Police Officer Shield # 5
 Where Currently Employed MTA. Police Dept.
 Address # 5 PENN STATION
NEW YORK, N.Y. 10035.

Who did
what?

Defendant No. 4

Name JACK FRANZITTA, Det Shield # 1861
 Where Currently Employed NYPD; NYCPD. AT
 Address 2271-89 8th Ave. 28 pct.
NEW YORK, N.Y. 10026.

Defendant No. 5

Name Det. Neil LAWSON Shield # 06/64
 Where Currently Employed NYPD; NYCPD.
 Address 2271-89 8th Ave. 28 pct.
NEW YORK, N.Y. 10026.

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

DISTRICT ATTORNEY(S) OFFICE AT
ONE HOGAN PL. NEW YORK, N.Y. 10013.

B. Where in the institution did the events giving rise to your claim(s) occur?

DETECTIVES UNIT ON THE 10th FLOOR

C. What date and approximate time did the events giving rise to your claim(s) occur?

FEB. 14, 2013. AT 11:50 AM.

D. Facts:

ON FEB. 14, 2013, AT APPROX. 2:00 AM.
PLAINTIFF WERE WAITING INSIDE THE LIRR. WHEN
(2) MTA OFFICER(S) APPROACHED ME AND ASK ME
FOR I.D., I COMPLIED WITH THE REQUEST. AFTER A WARRANT

What
happened
to you?

check, OFFICER BRAD BANASIA, shield # 2596 told me I were UNDER ARREST FOR HAVING A WARRANT AND OTHER CHARGES. I WERE THEN BOOKED AND PROCESS ed INSIDE THE SUBSTATION, INSIDE PENN STATION. I WERE THEN MASED by ONE OF THE OFFICER(S) BECAUSE I WERE LAYING ON THE FLOOR OF THE holding cell AND WOULD NOT get up when told to do so. I WERE CHARGED WITH CRIMES CONTAINED IN DKT. # 2013 NYO 12708; THAT WERE ALL dismissed AND SEALED IN FAVOR OF THE ACCUSED PURSUANT TO CPL. 160.50(1)(A); ON MAY. 09, 2013; AS I AM WAITING TO BE ARRAIGNED, Det. JACK FRANZITTA # 1861, AND Det. NEIL LAWSON # 06164; ARREST ME FOR ROBBERY, ASSAULT, ASSAULT, ATTEMPT ASSAULT, AND HARASSMENT; CONTAINED IN DKT. # 2013 NYO 12764; THAT WERE ALL dismissed IN FAVOR OF THE ACCUSED PURSUANT TO CPL. 160.50(1)(A); ON JULY. 17, 2013; THAT WERE supposed to be dismissed JUNE. 13, 2013; THE COURT APPOINTED ATT. ANTHONY BAILEY AND

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

FALSE ARREST, FALSE IMPRISONMENT, FALSE ACCUSATIONS, INTENTIONAL MALICIOUS, VINDICTIVE, PREJUDICE PROSECUTION IN VIOLATION OF PLAINTIFFS 4, 5, 6, 8, 13, AND 14th AMENDS. OF THE NEW YORK AND U. S. CONSTITUTION. PAIN AND SUFFERING, MENTAL ANGUISH, MENTAL CRUELTY, PSYCHOLOGICAL DISORDER AND MENTAL AND PHYSICAL ABUSE OF UNLAWFUL IMPRISONMENT. NEGLIGENCE, VIOLATION OF MY HUMAN RIGHTS.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

The ADA conspired to leave me in the holding cell on this day because they knew the charges were going to be dismissed in front of the (AL) ADMINISTRATIVE LAW JUDGE who were presiding that day. What happened here are complete oppression and humiliation at it's worst at the hands of the DEFENDANT(S), The City of New York, et al. The conditions I had to live thru inside the Brooklyn House of Detention at 275 ATLANTIC AVE. NO FAN OR AIR CONDITIONING OR CENTRAL AIR during the hot summer months of June and July of 2013 that were UNBEARABLE. Near death like experiences because the heat index and temperature exceeded 95 degrees (S) during PLAINTIFF'S UNLAWFUL IMPRISONMENT. All 30 PLAINTIFF(S) safety and well being were ALWAYS endangered with constant threats from other prisoners of fighting, extortion and list of unsafe conditions.

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

ENDANGERING THE WELFARE OF A HUMAN BEING
Complete Humiliation AND oppression; Physical AND MENTAL torture, psychological disorder
Complete Anguish, PAIN AND SUFFERING.
DISCRIMINATION, NEGLIGENCE, DEFAMATION OF CHARACTER.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

District Attorney's Office, Det. Unit 10th Floor
One Hogan Pl., N.Y. N.Y. 10013, MDC, 125 White St. N.Y.
N.Y. 10013, BKDC, 275 Atlantic Ave. Brooklyn, N.Y. 11201.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

BKDC, 275 Atlantic Ave. Kings Co. N.Y. 11201.

1. Which claim(s) in this complaint did you grieve? False Arrest, False
Imprisonment, F/A MAJ. VIND. Prejd. Prosecution.

2. What was the result, if any? I were told by the Griev-
ANCE Coord'r. it could not be resolve because it did
Not happen there.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

MR. G. BROWN, The Grieva-
nce told me it could not be resolved there
because the MATTER, ISSUE did NOT arise there

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: None

Grievance Filed.

NYC-DOC; BRHDC BOC.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

A GRIEVANCE CANNOT be Resolved AND/OR Resolved if The issue did Not Take Place At That Facility. As told to me by MR. G. BROWN, BRHDC COORDINATOR

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Plaintiff Notified The Board of Corrections AND The Dept. of Corrections Comm. DORA B. SCHIRIRO, which None Responded to My Request to Resolve OR complete A Resolution.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

Hold Responsible EACH ONE OF These OFFICER(S) Who SWORN to uphold The LAW to The Highest Degree OF Their OFFICIAL CAPACITY. PLAINTIFF STATES A CRIM upon Which Relief MAY be GRANTED For Defendant(S) VIOLATING PLAINTIFF(S) CONSTITUTIONAL RIGHTS NEW YORK STATE LAW AND U.S.A., FAKE ARREST, \$0.000.00, FALSE IMPRISONMENT, \$0.000.00, FALSE ACCUSATION(S) \$0.000.00, MALICIOUS VINDICTIVE, PREJUDICE PROSECUTION, \$0.000.00, VIOLATION OF HUMAN RIGHTS, 100.000.00, HUMAN TORTURE 100.000.00, PAIN AND SUFFERING 100.000.00, MENTAL ANGUISH, MENTAL CRUELTY, PSYCHOLOGICAL DISORDER, 1.000.000.00, Negligence.

Monetary Damages AND Compensation in the AMOUNT OF ONE MILLION DOLLARS INCLUDING PUNITIVE DAMAGES AWARD by the Court.

VI. Previous lawsuits:

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____
Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ___ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____
Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11 day of February, 2014

Signature of Plaintiff

Inmate Number

Institution Address

Michael Outerbidge
349.13.1983
EMTC, 10-10 HAZEN ST.
EAST ELMHURST, N.Y.
11370.

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 11 day of February, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Michael Outerbidge

Michael Outebri
BWC #34913.1983
EMTC, 10-10 Hazen St.
East Elmhurst, New York
11370.



(Legat/NAE)



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PRO-SE OFFICE
MAR - 1 2:49

Pro-Se Office
USDC SDNY SDPM
U.S. Courthouse At 500
Pence St.

New York, NY 10007

